



Emergency Medical Services Regional Conference

Buffalo, New York

February 1973



FIRST ANNUAL REGIONAL CONFERENCE ON EMERGENCY MEDICAL SERVICES

sponsored by

Lakes Area Regional Medical Program, Inc.

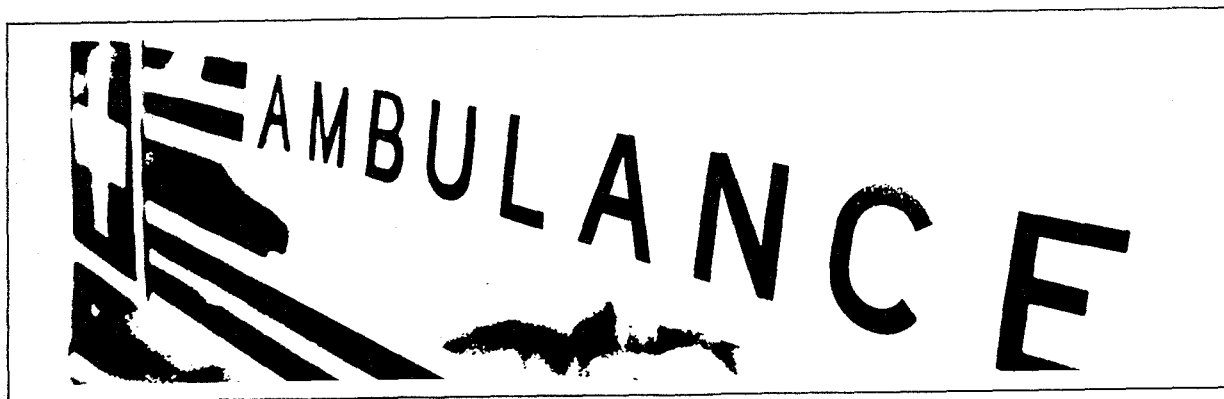
New York State Department of Health

and

Erie County Department of Health
Emergency Medical Care Committee

January 31, February 1, 2 and 3, 1973

Statler Hilton Hotel, Buffalo, New York
Golden Ballroom, Terrace Room



Objectives

To motivate individuals as well as organizations to develop greater concern about Emergency Medical Services.

To promote the establishment of well-coordinated county committees.

To develop interest in and support for Emergency Medical Services.

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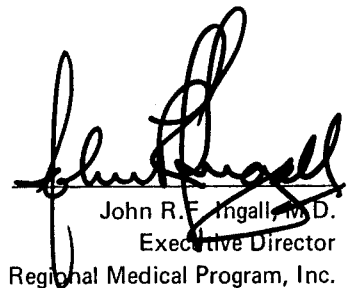
PERSPECTIVES, a Total System

foreword

This conference served as a prelude to the community action now developing throughout the Lakes Area region. It established the perspective of a 'total system' of emergency medical services that deals with the patient at the point of incident through to the return of that patient to full time participation in the community as a productive individual. This perspective provides a framework, a viable perimeter within which persons involved in emergency medical services can develop a working sense of integral participation.

Each phase of this system is dependent upon the individuals behind the total process. The continuum of high quality care is dependent upon individuals, not equipment. Cooperation between those individuals is essential. Cooperation is not an ideal to be pined for, it is a prerequisite to be demanded by each constituent of the emergency medical services system. It is the artery to improved emergency service and it cannot be delegated; it must be contributed spontaneously.

Throughout western New York and northwestern Pennsylvania, we continue to see evidence of a trend toward regional cooperation within the Emergency Medical Services constituency. The spontaneity of this cooperation provided the initial momentum behind this conference and will certainly provide the real initiative for an improved Emergency Medical Services System throughout the Lakes Area region. May these pages provide the proper testimony to that enthusiasm and productive spontaneity.



John R. F. Ingall, M.D.
Executive Director
Lakes Area Regional Medical Program, Inc.

SEIZE THE DAY

introduction

Seizing an opportunity and making it work, these are the pathways that a conference can offer. A successful conference can be informative, productive, and exciting. The First Annual Regional Conference on Emergency Medical Services, held February 1-3, 1973, in Buffalo, New York, was all three.

It brought people representing the range of professions and organizations involved with emergency services into what became a major 'confrontation'. This confrontation enabled people to juxtapose individual roles into a perspective of combined effort, and to examine where and why that combination fails.

People exchanged expertise that brought health care deficits to light, deficits that were outside the realm of individual roles and priorities. It decentralized thought and broadened involvement. And it provided an exchange of ideas that will be the foundation of an improved emergency health care system.

Nurses, physicians, public health personnel, volunteer firemen, Civil Defense and Red Cross representatives, ambulance and emergency squad members, hospital administrators, police officers — 206 people attended this four-day conference, and they made it work.

FIRST ENCOUNTERS

regional involvement

program participants chat informally



In April 1971, William E. Mosher, M.D., Commissioner, Erie County Department of Health, appointed the members of the Erie County Emergency Medical Care "Blue Ribbon" Committee. This committee and the program staff of the Lakes Area Regional Medical Program, Inc. became involved in writing a grant request for funds to establish an Emergency Medical Services Project with three major phases: research, Medical Emergency Technician training, and emergency medical communications. This grant request was submitted to the Regional Advisory Group of the Lakes Area Regional Medical Program, Inc. and after lengthy consideration found its way to the Regional Medical Program Services division of HEW in Washington. The program was funded in June 1972.

Blue Ribbon Committee

This Blue Ribbon Committee initially looked to those people that could be involved in the problem of emergency medical service. They were each partially involved in solving different facets of that problem and individual priorities often had to be subsumed into a broader perspective. The focus was on a 'total' system in which individual priorities were assimilated and effectively strengthened. This had to

be done systematically. Agencies such as the Lakes Area Regional Medical Program, Inc., have the resources and professional expertise to help encourage and coordinate such efforts. John R.F. Ingall, M.D., Executive Director of the Lakes Area Regional Medical Program, Inc. emphasized the need for a systematic approach that can channel emotional involvement into a more realistic and effective effort. "We want to know what the problem is; we want to state it, to state our needs and to document them to insure that we are responding to them when we state the solution. We want to know where we are going and what must be done to get there. We want to know the time frame we have to work with and the investment, not only in hard cash but in staffing time, necessary to make that a reasonable time frame. We must be able to judge our performance."

It is not always enough to seize an opportunity; one has to be able to make it work. In order for a collective effort to work, the need, the priority of needs, and the objectives must be clearly established and understood. The work of the Blue Ribbon Committee speaks well for a constructive federal-state-local partnership in meeting documented emergency needs.

regional viewpoints

Kenneth H. Eckhert, M.D., President, Comprehensive Health Planning Council of Western New York, Inc., discussed the Partnership for Health Laws passed by Congress in 1966 and 1967. These laws gave rise to areawide Comprehensive Health Planning groups. Dr. Eckert concentrated on the concept behind partnerships in health — that very important relationships exist between health providers and the communities they serve. The development of these relationships demands an active dialogue that can determine priorities reflective of realistic needs. Emergency Medical Services generate the most emotive and dramatic visibility in the health care delivery system. It incorporates the most diverse elements of social services — police, firemen, ambulance squads, civil services, Red Cross, health centers, volunteer and commercial health services, medical professionals, para-professionals, social clubs, telephone companies, etc., each concerned with particular mandated functions and priorities. This diversity creates the need for dialogues, understandings, and partnerships. Agencies such as the Lakes Area Regional Medical Program, Inc. and Comprehensive Health Planning exist to augment and to help coordinate such an inclusive network of participation. There exists the need to make that dialogue formal, to make it solid enough to be a sound base upon which a total emergency medical system can be founded.

LaVerne Campbell, M.D., Regional Health Director, New York State Department of Health, referred to the legislative concept of citizens having the "right to receive" emergency medical care that would give them a "fighting chance to survive". But he also stressed that representative government on any level cannot do it alone, that organizations such as the Lakes Area Regional Medical Program, Inc. and the Comprehensive Health Planning Council of Western New York, Inc. together with state and county medical societies, hospital associations, and volunteer groups must initiate the real force behind a total system. Government provides the aid; the community must provide the action.

CHALLENGE

before the emergency

Call to Action

A comprehensive call to action was expressed by James H. Cosgriff, Jr., M.D., Chairman, Erie County Emergency Medical Care Committee, Director, Emergency Medical Services Project. He cited the most important statistics that lead to nationwide concern about the adequacy of emergency medical care services in the United States. "In 1970, more than 110,000 Americans died of accidental causes, half due to automobile accidents. This was the third leading cause of death in all age groups and the leading cause of death up to age 37, cutting short an unknown number of potentially productive lives. Six hundred thousand Americans died of heart disease, of whom *more than half* succumbed before medical care could be obtained. These statistics generated considerable interest in the care of the acutely ill and injured. Through the exchange of many national meetings, guidelines were then established by the U.S. Department of Transportation; the National Research Council; the American Medical Association; the Department of Health Education and Welfare; the American College of Surgeons; and others. Special interest organizations, such as the Emergency Department of Nurses Association, were formed as the need for community action became apparent. Concern and involvement broadened. Funds were made available through state and local levels for evaluating specific aspects of the problem."

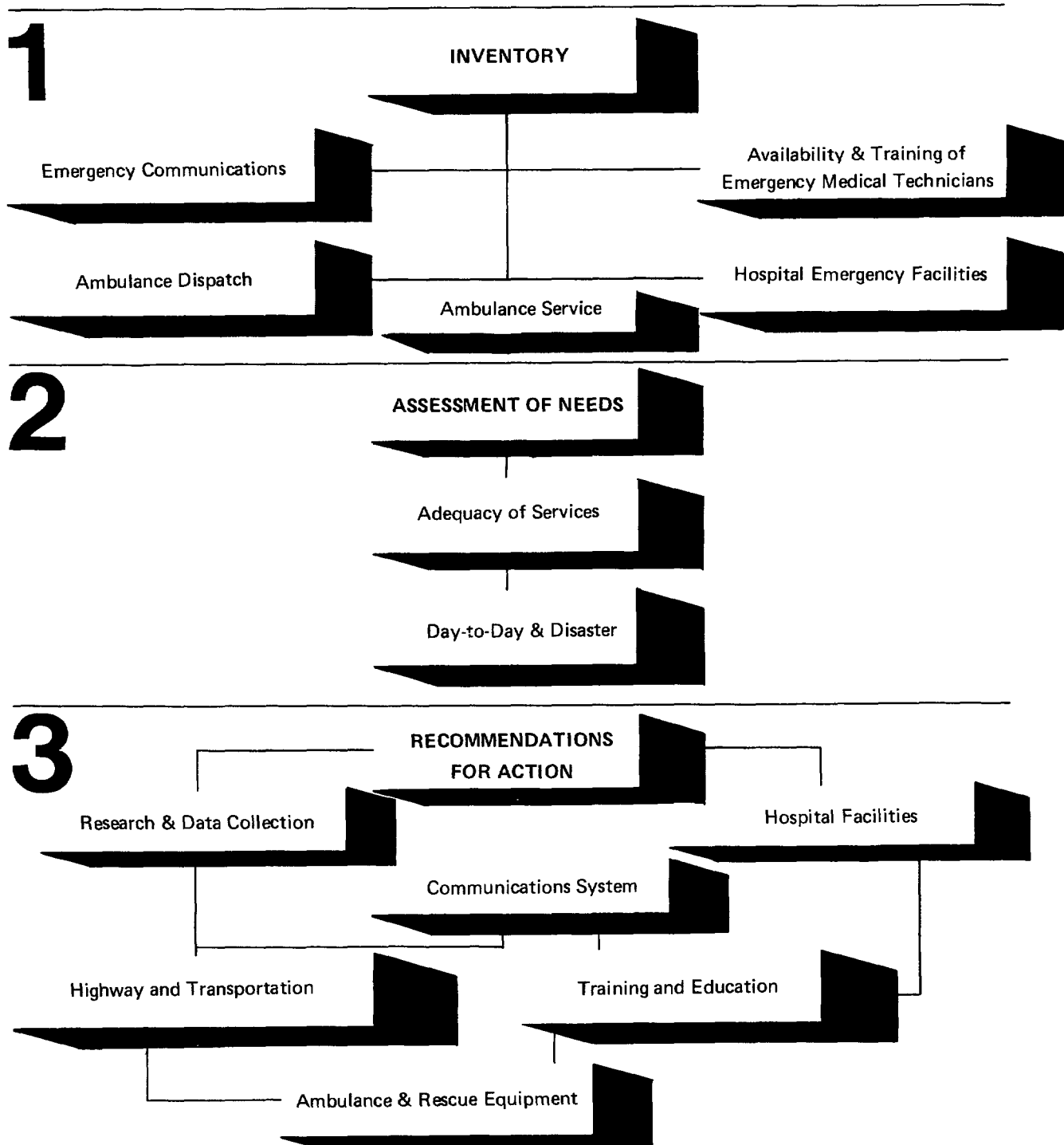
Dr. Cosgriff called for a "sweeping change in philosophy" on the part of all concerned in emergency health care delivery. "The ambulance should be the extended arm of the hospital; the emergency medical technician should be the extended arm of the physician. To be operational, appropriate legislative changes and training programs are needed along with reassessment of the roles for each member of the emergency care team. The responsibility for solutions cannot rest alone with isolated groups — it must be multi-disciplined. Individuals or groups may act as catalysts in guiding forces in the formation of an emergency care committee. This vehicle can provide meaningful direction by simultaneously coordinating both lay and professional activities in the field of emergency health services."



dr. cosgriff

"It is worth every dollar, every hour, every effort your community can expend to bring swift and skillful help to people in urgent need. And the time for action is today, before the emergency."

GENERAL METHODOLOGY
Inventory of Existing Health Services
Assessment of Community Needs
Recommendations for Appropriate Action



RESPONSE

view from Albany

Donald C. Walker, M.D., Director, Bureau of Emergency Health Services, applied this same approach to the methods used by the New York State Department of Health. In order to enable every community in the state to analyze its EMS on a sound statistical basis, the Bureau of Emergency Health Services has two evaluation tools at its disposal. One is a standard inventory form of resources through which they have published a survey of emergency facilities in the state. The second is the uniform ambulance report form in which they have documented approximately 22% of all the pre-hospital emergency health care incidents in the state, exclusive of New York City, during the period of January 1971 through December. These are the main problems indicated in the survey:

- ☐ *fragmentation of emergency patient care between the pre-hospital and emergency department phase of management.*
 - ☐ *lack of integration of local emergency health services with those of other social service areas.*
 - ☐ *the need to formalize mutual aid agreements.*
 - ☐ *the need to involve local health officials and health agencies in planning and operation.*
 - ☐ *the need for a state-wide compatible emergency health services communication system.*
 - ☐ *the need for an accurate cost/benefit analysis of ambulance and emergency department services.*
 - ☐ *the need to develop training programs for emergency medical technicians.*
 - ☐ *the need for easy public access to the emergency health system.*
 - ☐ *the need to orient ambulance personnel of fire and police agencies to the importance of their emergency duties.*
 - ☐ *the need for a definitive plan or procedure for rapid transport of the ill or injured patient to a medical center.*
 - ☐ *the need for the development of a comprehensive state-wide plan to handle man made or natural disasters.*
- On the basis of these established needs, recommendations can be made. Dr. Walker stressed that the applicability of such recommendations vary with the location, as do the needs. **The following are recommendations that have been made, some of which are contained in current drafts of proposed state legislation:**
- ☐ *the establishment of legislation and regulations that are realistic, with adequate standards in training, staffing, equipment and procedures for ambulance service, emergency department facilities, and emergency personnel.*
 - ☐ *affiliation of ambulance services with appropriate hospital receiving facilities.*
 - ☐ *availability of adequate two-way communication between ambulance services and emergency facilities.*
 - ☐ *development of a state-wide emergency health service radio frequency capability with integration of currently available resources.*
 - ☐ *development of a realistic cost/benefit analysis for commercial and volunteer services.*
 - ☐ *utilization of an expert representative advisory council on emergency health services at the state level.*
 - ☐ *determination of the feasibility of helicopter utilization.*
 - ☐ *retention of all ambulance services and resources under a grandfather provision with the gradual phasing-in of newly developed standards through orientation and education.*
 - ☐ *development of a statewide comprehensive disaster plan.*
 - ☐ *continuing education in emergency health services for physicians, nurses, ambulance attendants, emergency personnel and for the general public.*

learning from experience

Problems vary with localities, as do the solutions to those problems. No one type of ambulance service will meet the needs of every community. Two very different answers to this problem were described by Costas T. Lambrew, M.D., Chief, Division of Cardiology, Nassau County Medical Center and William Nowill, M.D., Anesthetist, Arnot-Ogden Memorial Hospital, Elmira, New York.

Dr. Lambrew described the efforts in Nassau County, a highly populated urban area, to construct an ambulatory network that would be comprehensive enough to respond to the population's needs. The Nassau County Police Department Special Emergency Services Bureau transports 60% of the county's total volume of emergency patients; while 71 volunteer fire departments transport the other 40%.

The Police system is manned by 61 full time civilian employees of the police department and is equipped by 21 vehicles plus two helicopters. The average response time of these vehicles is 6 to 8 minutes, while the average transit time is 7.4 minutes. The vehicles are bought from federal surplus, reconstructed, and put into service.

The drivers have basic Emergency Medical Training, 140 hours of advanced training, and hospital study covering cardiovascular disease. They work in Intensive Care Units and learn the use of monitoring equipment. They are provided with a communication package which consists of a GE portable radio that communicates with the hospitals and transmits EKG simultaneously. It is interfaced with a portable defibrillator. There are two tape recorders which will record and facilitate retrospective analysis.

The total cost of this package is \$6,000. As Dr. Lambrew stated, "It is a low cost system; it is versatile, portable and adaptable to the needs of our area. It enables us to effectively integrate pre-hospital and hospital phase of acute care."

Shockmobile In Use

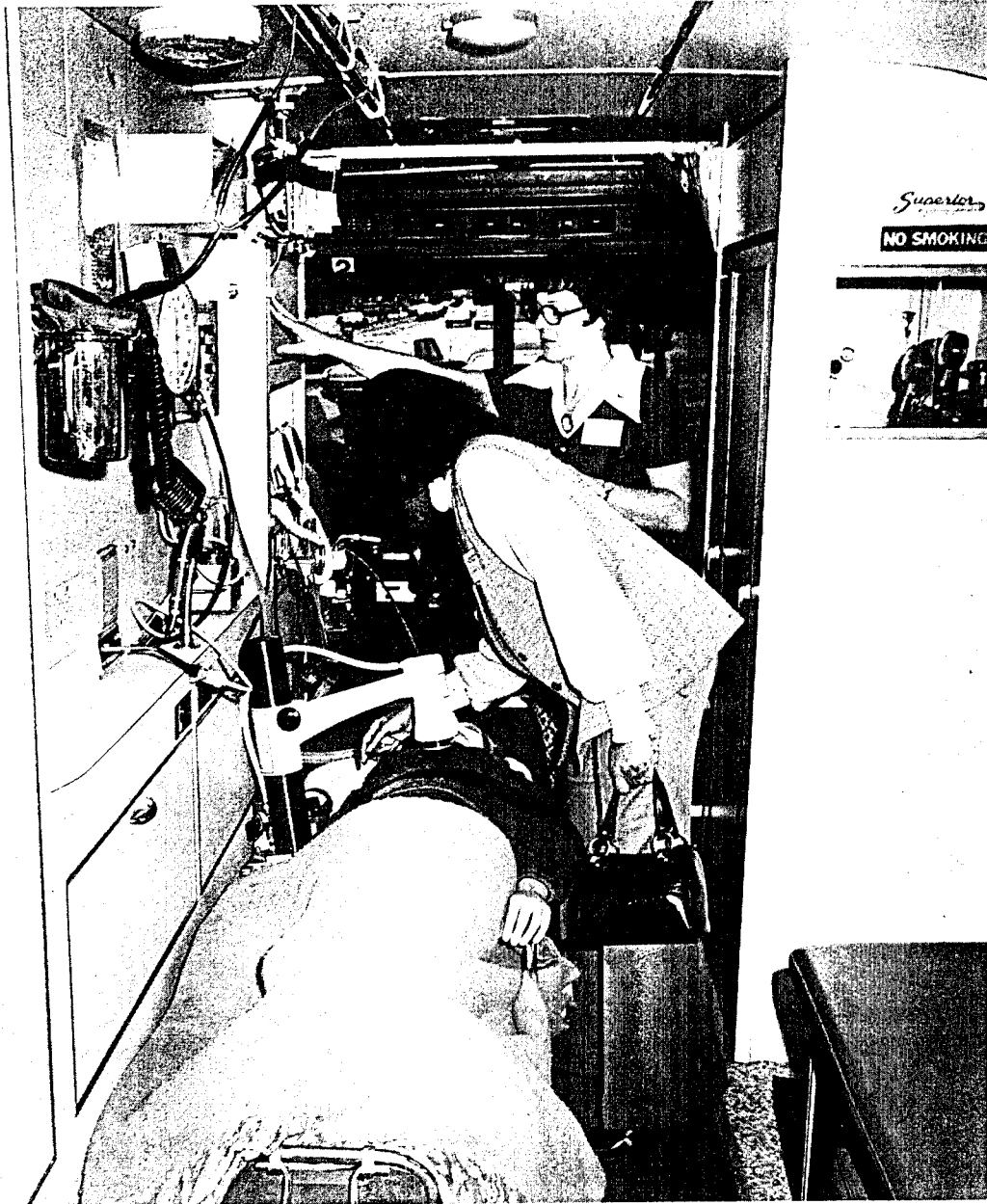
Dr. Nowill described the efforts in Chemung County, a rural region, to construct a method of emergency medical care delivery for a less concentrated population. The Chemung County Heart Branch of the Southern Tier Heart Association developed and implemented a Shockmobile Unit that literally extends the hospital to reach the people.

Devices in the Shockmobile monitor the EKG and pulse, display them on a cardioscope and record them on a constantly playing tape. One channel of the radio transmits two-way voice communication between the ambulance and the hospital. The second channel transmits the electrocardiogram.

There is a one year training course for the ambulance attendants. Initially they attend a series of lectures on electrocardiography. They are taught how to start intravenous infusions, pass endotracheal and Levine tubes, and how to recognize and treat arrhythmias. Anesthesiologists teach them the physiology of respiration and cardiac action. They observe in operating rooms, Coronary Care units, emergency rooms and delivery rooms, learning to recognize the acute problems of patients in these areas. They undertake continuous periods of refresher courses and are subject to direct supervision during actual operation of the Shockmobile.

Similar types of shockmobiles exist in Florida, Washington, and West Virginia. Different sizes and types are available and determined by local need. This unit in Chemung County costs \$45,000 with the special equipment.

Emergency health problems present communities with a challenge — to organize, to think, to vocalize those thoughts, and to coordinate action. This is community response, and most important, it is effective.



shockmobile

VOICES

panel discussions

*...because that guy sitting down there,
that little guy way down there in the corner,
he is the person that is going to take the training
and maybe he has an idea, a little idea,
and that single idea can be worth millions...*

William Wutz, Jr.

Western New York Volunteer Fire Association

Voices are the real force behind any conference. They reflect ideas and project the power that moves ideas into action. This conference proved to be no exception. The panel discussions created an energy that ignited a volley of questions, answers, and new ideas. Some highlights of these discussions follow:

"Team cooperation is the key. Emergency department physicians, registered nurses, licensed practical nurses, emergency medical technicians, and clerk staff must learn to think and to act together. Each one must learn to respect the knowledge and skills of others." □

"We start with the prejudice that emergency medical systems are not going to be the same in all portions of the country and that there are very definite reasons for having the differences." □

"The Highway Act of 1966 was a recognition of the need to do something about the carnage on the nation's highways. It asked the states to implement highway safety programs which were to be developed in accordance with eighteen established standards. It made funds available under two sections of the Act: section 402 was the grant and aid assistance programs; section 403 was a research and development program. These funds are proportioned to the states through a formula based on the number of road miles and the population of the states." □

"The name of the game is reduction of response time. It is no platitude to talk about efforts taking place now in New York State to determine exactly what that means. With data and information, we will be able to know where our priorities must exist in our own programs: a communications system? Emergency Medical Technician training programs? new ambulances? better equipment? WHAT SHOULD WE BE DOING?" □



dr. huntley makes a point

"We have to take stock of our local situations and develop our own strategies." □

"If the attendant has completed a certain level of training, he should be permitted to perform that level of competency provided he is in communication with a hospital." □

"The officer is constantly schooled to keep up with changing laws, but not once is he schooled in advanced first aid, unless his particular department wants him to be." □

"We have not done enough, nor have other branches of county and city government, in the preventive areas. The fact that less than 30% of the population use automobile seat belts indicates the low priority people seem to have in the attempt to prevent disability from automobile accidents." □

"EDNA, the Emergency Department Nurses Association, has been working toward education programs for emergency nurses on a national and local level." □

"The number of hospitals has gone up 14%,
the number of hospital beds has gone up 56%,
the number of patient admissions has gone up 60%,
the number of inpatient days has gone up 41%,
the number of emergency department visits has gone up 380% between 1954 and 1971.

Only 20%, maybe 25% in certain areas, can be categorized as clinical emergencies.

Less than 10% of all patients seen in a hospital emergency arrive there by ambulance." □

"THE HOSPITAL EMERGENCY DEPARTMENT IS BECOMING A MAJOR SOURCE OF HEALTH CARE IN THE UNITED STATES." □

"In Russia most communities have coordinated communications dispatch systems, 24-hour services and a physician on every run. It would take at least 15 years for the United States to achieve this system of emergency medical services." □

"Physicians responsible for emergency room coverage should be trained in medical emergency procedures. He or she should have at least the equivalent training of an emergency medical technician." □

"A coordinated program of health care includes detection, treatment, and then review, review, review." □

"Every injury should be treated as though it were the only injury. You can not compromise." □

"A police officer is not only a tool to protect his fellow man, he is a tool to help him survive." □

"In Erie County, New York, there are ambulance attendant training classes as large as 150 when there should be a maximum of 45 per class. We have an excess of 5,000 volunteers to be trained. We will have to start a new class every week for two years before we hope to cover the group." □

"Volunteer fire service has been in existence since 625 B.C., so they are not new." □

"The Empire State Rescue and First Aid Association was formed in 1954, chartered by New York State to provide a means by which persons from all the disciplines of emergency medical care could come together and discuss common problems such as training, education, communication, and legislation." □

"The emergency department is the one entry point into the United States' health care system that cannot control the number and type of people that are admitted. It may not send people away; if it does it is placing itself in legal jeopardy." □

"It is not a matter of 'if' anymore; it is a matter of how rapidly Emergency Medical Service councils develop and WHEN." □

"There is an interlock in our area — nurses, doctors, technicians, advisory physicians, police, firemen, ambulance and rescue squads — people fitting together, working together."



INTERLOCK

workshop reports

An interlock is not an easy concept to understand; nor is it easily achieved. It is a coordination so complete that the operation of one part automatically brings about or prevents the operation of another. If it is a human interlock, it is a system so well understood and developed that each person is integral to the total operation. The workshop provided a period of introduction between those people that are involved in the total system of emergency medical care. It provided a time to learn the faces and facts behind this system. In turn, this interchange created the incentive to further refine ideas into coordinated thought and action.

The nine counties that make up the Lakes Area Regional Medical Program, Inc. were divided into groups according to geographical location, population, and already established alliances. They were charged to evaluate the deficits in their emergency medical service system. Each group presented similar needs and priorities, but different strategies, reflecting individualized methods of response. These are the beginnings, the start of dialogues that eventually do *MAKE THINGS WORK*.

Group I. Genesee, Allegany, and Wyoming Counties

This group discussed a wide range of needs and concluded that an Emergency Medical Service Committee must include a representative cross-section of people and services involved with the emergency system.

Assessed Needs:

- to determine the feasibility for a regional helicopter transport system.
- to coordinate and equip an emergency communications system.
- to formalize a mutual aid system that would coordinate tri-county resources for emergency medical services.
- to develop regional disaster planning.

Recommendation:

Each county is currently developing an Emergency Medical Services Committee. It was recommended that such a committee should have a representation that includes physicians, nurses, allied-health personnel, fire and rescue squads, ambulance services, police

(local and state), the Sheriff's Department, legislators, local industries, state and county highway departments, health agencies, Red Cross, Chamber of Commerce, Civil Defense, and local service clubs.

Group II. Cattaraugus, (N.Y.), McKean and Erie, Pennsylvania, counties

This group developed three main areas of concern: physical resources, manpower resources, and coordination of effort.

Physical resources:

- to develop hospital-based ambulance facilities.
- helicopter transportation feasibility — acquisition and maintenance costs — regional sharing.
- to survey emergency room equipment and organization.
- to update package disaster hospitals

Manpower resources:

- to survey and organize physician coverage in emergency rooms.
- to implement and to encourage training of ambulance attendants in emergency medical treatment and procedures.

Coordination of effort:

- to coordinate a more effective communications system, hospital to ambulance; hospital to hospital; and finally, hospital to hospital between counties.
- to implement written transfer agreements between local hospitals and between county hospitals in an effort to coordinate shared resources.
- to coordinate effective Emergency Medical Services Committees within each county and to promote an active EMS network between counties.
- to promote public awareness concerning what channels of emergency medical care are available within the tri-county area.

Group III. Niagara County

This group discussed the formation of an Emergency Medical Services Council. As they expressed it: "We do have an EMS committee, and we are beginning to function."

Recommendations:

- clarification of direction
- community representation
- funding resources
- documented data to formalize need
- regional coordination of an EMS network for disaster planning and shared resources
- an effective communications system — hospital to ambulance and hospital to hospital

Group IV. Chautauqua County

This group indicated that they were in the process of forming an Emergency Medical Services Council and had addressed themselves to the needs and priorities involved in its formation.

Recommendations:

- inclusive representation by those people and organizations directly and indirectly involved in emergency medical services
- comprehensive inventory of area services and resources
- regional sharing of specialized resources and services
- training of ambulance attendants in both vehicle operation and emergency medical treatment
- clarification of legal status for volunteer fire departments that often provide emergency transportation
- coordination and development of existing communications system as it functions in emergency medical service

Group V. Erie County, New York

The Erie County Department of Health Emergency Medical Care Committee was formed in April, 1971. Researchers have surveyed eighteen Erie County hospitals and four in Niagara and Cattaraugus counties; fifty-three volunteer fire ambulance/rescue squads; and three emergency first aid squads. Emergency Medical Technician training began in October 1972. Educational materials, equipment, supplies and training aids were secured. Physician instructors were recruited and Erie Community College is now granting three credits for the course. A cardiac care project was developed. Purchase, installation and operation of an emergency medical communications system is anticipated for 1973.

With this background of activity, this group stressed the need for two types of communication: technical and interpersonal.

Recommendations:

- Emergency Medical Services Councils should not only foster a wide representation, but individualized contacts between the represented constituencies.
- Communications cannot exist without cooperation between communicators: cooperation cannot exist without understanding; and understanding is based upon shared knowledge.

New Commitments:

- To formalize a more comprehensive dialogue between



chautauqua county group in discussion

the components of their emergency medical services system; to educate those components and to up-date that education as individual roles are expanded.

- To promote personal cooperation by holding periodical sessions where informal dialogues can take place that will express individual prejudices and needs.
- To *"OPEN THE COMMUNICATIONS"*.

TRENDS

making it work

To motivate greater concern; to promote county councils; to develop support; to stimulate a trend toward an improved emergency medical services system — the objectives of this conference were clearly not meant as 'ends'. They provide the beginnings — of dialogues, efforts, and actions.

The growth of a trend depends upon the people who understand its direction and believe in it enough to make it

continue to grow. *Communications are being opened.* Dialogues are continuing throughout the entire Lakes Area region. The conference which was informative and exciting is proving the real force of its productivity. Evidence of this trend toward an improved region-wide Emergency Medical Services System is evidence of a successful First Annual Regional Conference on Emergency Medical Services.



emergency room



emergency technician training

Committee Aims To Improve Emergency Medical Services

An organization which hopes to make medical aid more immediately available to victims of accidents and other emergencies has recently been formed in Chautauqua County.

This group, organized to evaluate and improve existing emergency medical services is officially known as the Emergency Medical Services Committee of Chautauqua County. Dr. Wilson W. Shaw was named chairman of the committee at a meeting earlier this month.

The group's goal is faster, more effective emergency medical care to victims through coordination of hospital emergency rooms; volunteer ambulance services; fire, police and communications agencies; and other agencies equipped to deal with emergencies. It aims to improve emergency medical services in everyday emergencies as well as in large-scale disasters in the county and surrounding area.

With the help of the Lakes Area Regional Medical Program, state and county health departments and the Erie County (New York) Emergency Medical Services Committee, funding will be sought to improve the radio communications network and emergency medical technician training programs in the county.

In addition to Dr. Shaw, the executive committee includes Dr. Robert C. Kochersberger, chairman of the Division of Health and Natural Sciences at Jamestown Community College, vice chairman; John McCraith, county deputy fire coordinator, vice chairman; Jean Hanna of Lakes Area Regional Medical Program, secretary; Dr. Richard Lynn and Dr. Kaizer Kamble, medical interests; Murray Marsh, W.C.A. Hospital administrator; George McNaughton, Brooks Memorial Hospital administrator; John Good, Chautauqua County Health Dept.; Eugene Madden, Red Cross, education and training; William Kelly, director county Civil Defense; Anthony Bellardo, commercial ambulance services; Raymond C. Taylor, Chautauqua county fire coordinator and Dennis Bar-

Allegany County to improve emergency medical services

By RUTH MARSH
Improved county wide emergency care moved a step closer to reality last night when representatives of many area organizations met to elect officers and name committees to start planning a program to fulfill the needs of the county.

Officers elected to the newly organized Allegany County Emergency Medical Services Council were: Raymond Allen of Wellsville, president; Paul Gallman of Angelica, vice-president and Mrs. Ruth S. Marsh, also of Wellsville, secretary. Com-

Emergency facilities and Jerry Wright of Wellsville, Communications. Chairmen for Training, Transportation and Finance have yet to be elected.

Dr. Irwin Felson, president of the Allegany Co. Medical Association, chaired a meeting, introducing James McCormack, member of the Lakes Regional Medical Program. Dr. Geoffrey Gibson, a Professor of Medicine at the State University of Buffalo, consultant of Buffalo, Area Program director of a health project, and staff as Lakes Area Program. Gibson expects the pilot project, both

Key Committees Named By New Emergency Medical Care Unit

LITTLE VALLEY — The first meeting of the newly formed Cattaraugus County Emergency Medical Care Committee was held in the County Civil Defense Emergency Operating Center in Little Valley. After discussion of ideas and concerns regarding the formation of an emergency medical services program for Cattaraugus County, the following key committees were formed:

Fire Chief James Young, Olean, chairman, Emergency Transportation and Facilities; Ralph E. Winship, Little Valley, chairman, Communications; Dr. William L. Glazier, M.D., Gowanda, chairman, Training; John Rogan, Ellipticottville, chairman, Education; George Lambert, Gowanda, chairman, Finance and Legislative.

Mrs. Elsie Jane Beck, civil defense director, chairman.

committees, she said, is "to survey, evaluate, and provide recommendations for improving all aspects of county emergency medical services and facilities." Dr. Young said the committee will meet with representatives of the County Civil Defense Emergency Operating Center here.

Emergency

LITTLE VALLEY — The first meeting of the newly formed Cattaraugus County Emergency Medical Care Committee was held Thursday evening in the County Civil Defense Emergency Operating Center here. After discussion of ideas and concerns regarding the formation of an emergency medical services program for Cattaraugus County, the following key committees were formed: Emergency

The next meeting of the full committee will be May

panel forms agency care

failures, and how this county is setting up a similar program could profit from the experience gained on the pilot project. He listed three necessary steps to a successful program. First, he said, is to bring together county representatives of every group who has any interest whatever in emergency medical care. Second are radio communications with existing facilities and all emergency care units; and third, medical emergency training is needed beyond the level of the Advanced Red Cross, Medical Emergency Technician.

Dr. McCormack then discussed the monies available for such a program; the three bills in Congress now concerned with funding such projects; and explained to the group that the Department of Transportation has allotted \$5,000 for the county program. He also noted that for

If the county program can be instituted by August 1, the county could be eligible for a part of the monies funded to the National Academy of Sciences by the Robert Wood Johnson Foundation.

Mr. Crag explained to the group that the Lakes Area Program would be available for helping the group in any possible way, either in setting up meetings with committees and subcommittees, or in meeting with them to consult on the best procedures and needs setting up the very best possible emergency care program.

Dr. Felsen told the group that it will take a cooperative effort of all the groups interested in emergency care services.

Robert Coulter, director of Civil Defense, newly appointed coordinator of the Allegany County Emergency Medical Services program,

Emergency Group Organizes

The purpose of the committees, she said, is "to survey, evaluate, and provide recommendations for improving all aspects of county emergency medical services and facilities, including all ambulance companies and hospital emergency facilities".

John L. Worden, Ph.D., of Olean and County MET Coordinator, will serve as coordinator for the committee. He will coordinate and promote

emergency medical services in the county and help start programs recommended by the Committee. The full committee is responsible to acting health commissioner, Dr. Leo Moss. James Serafin of the Comprehensive Health Planning Council, Buffalo, and William D. Crag of the Lakes Area Regional Medical Program, Inc., Buffalo, spoke briefly. The next meeting of the full committee will be Thursday evening, May 10, at 8 p.m. at the County Civil Defense Emergency Operating Center here.

EVENING OBSERVER, Dunkirk-Fredonia, N.Y. Tuesday, April 24, 1973

Emergency Medical Services Committee Aims To Speed Aid

JAMESTOWN — An organization which hopes to make medical aid more immediately available to victims of accidents and other emergencies has recently been formed in Chautauqua County.

This group, organized to evaluate and improve existing emergency medical services is officially known as the Emergency Medical Services Committee of Chautauqua County. Dr. Wilson W. Shaw, of Jamestown, was named chairman of the committee at a meeting earlier this month.

The group's goal is faster, more effective emergency medical care to victims through coordination of hospital emergency rooms; volunteer ambulance services; fire, police and communications agencies; and other agencies equipped to deal with emergencies. It aims to improve emergency medical services in everyday emergencies as well as in large-scale disasters in the county and surrounding area.

With the help of the Lakes Area Regional Medical Program, state and county health departments and the Erie County (New York) Emergency Medical Services Committee, funding will be sought to improve the radio communications network and emergency medical technician training programs in the county.

Committeemen in addition to Dr. Shaw, includes Dr. Robert C. Kochersberger, chairman of the Division of Health and Natural Sciences at Jamestown Com-

munity College, vice chairman; John McCraith, county deputy fire coordinator, vice chairman; Jean Hanna of Lakes Area Regional Medical Program, secretary; Dr. Richard Lynn and Dr. Kaizer Kamble, medical interests; Murray March, WCA Hospital administrator; George McNaughton, Brooks Memorial Hospital administrator; John Good, Chautauqua County Health Department; Eugene Madden, Red Cross, education and training; William Kelly, director, County Civil Defense; Anthony Bellardo, commercial ambulance services; Raymond C. Taylor, Chautauqua County fire coordinator and Dennis Barmore, president, County Fire Chiefs Association fire services; Charles Hagstrom, communications; and John Bentley, Chautauqua County sheriff.

The Emergency Medical Services Committee of Chautauqua County expects to work closely with groups in Erie County and adjacent regions in Pennsylvania. Subcommittee include: Communications; Hagstrom; equipment manpower, Mr. Taylor; emergency medical training, Dr. Ko and Mr. Madden.

The executive will meet at the County Civil Defense Center in Mayville on May 1, at 8 p.m.

regional press clippings

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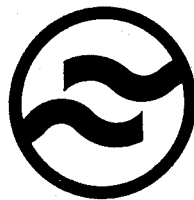
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